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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> |  | Attorney Docket No. <b>M4065.0571/P571</b>   |  |
|   |  | First Inventor <b>Chandra Mouli</b>  |  |
|   |  | Title <b>PHOTODIODE WITH SELF-ALIGNED IMPLANTS<br/>FOR HIGH QUANTUM EFFICIENCY AND<br/>METHOD OF FORMATION</b> |  |
|   |  | Express Mail Label No. _____   |  |

  

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| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents.</small> | <b>ADDRESS TO:</b><br>MS Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 |
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| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><small>(Submit an original, and a duplicate for fee processing)</small><br>2. <input type="checkbox"/> Applicant claims small entity status.<br><small>See 37 CFR 1.27.</small><br>3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>35</b>]</span><br><small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <b>8</b>]</span><br>5. Oath or Declaration <span style="float: right;">[Total Sheets <b>3</b>]</span> <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/> <small>(for continuation/divisional with Box 18 completed)</small> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>           Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)<br>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. Specification Sequence Listing on:             <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> Paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statements verifying identity of above copies</li> </ul> |
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| <b>ACCOMPANYING APPLICATION PARTS</b>  |  |
| 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>10. <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney<br>11. <input type="checkbox"/> English Translation Document (if applicable)<br>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations<br>13. <input type="checkbox"/> Preliminary Amendment<br>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)<br>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)<br>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.<br>17. <input type="checkbox"/> Other: _____ |  |

  

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_

**For CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

  

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| <b>19. CORRESPONDENCE ADDRESS</b>  |  |  |  |                            |  |
| <input checked="" type="checkbox"/> Customer Number: <b>24998</b>                  |  | OR <input type="checkbox"/> Correspondence address below |  |                            |  |
| Name <b>DICKSTEIN SHAPIRO MORIN &amp; OSHINSKY LLP</b><br><b>Thomas J. D'Amico</b> |  |  |  |                            |  |
| Address <b>2101 L Street NW</b>  |  |  |  |                            |  |
| City <b>Washington</b>   |  | State <b>DC</b>  |  | Zip Code <b>20037-1526</b> |  |
| Country <b>US</b>  |  | Telephone <b>(202) 785-9700</b>                          |  | Fax <b>(202) 887-0689</b>  |  |

  

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|--|--|---|--|
| Name (Print/Type) <b>Thomas J. D'Amico</b> |  | Registration No. (Attorney/Agent) <b>28,371</b> |  |
| Signature                                  |  | Date <b>September 5, 2003</b>                   |  |

The PTO did not receive the following listed item(s) Assignment Cover Sheet.

| FEE TRANSMITTAL<br>for FY 2003  |                   | Complete if Known                                      |  |  |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
|---|-------------------|--|--|--|-------------------|-----------------------------------|----------|-----------|----------------|-----------|----------|------|------|-------------------|-----|-------------------------------------|--------|------|-----|------|-----|--|--|------|-----|------|-----|---------------------------|--|------|-------|------|-------|--|--|------|------|------|------|--|--|---------------------|--------|------|--------|---|---------------|--|-----|--------------|----|--|--|-----------------|----------|----------|----------|---|----------|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-----|--|--|------|-----|------|-----|--|--|------|-----|------|-----|--|--|---------------------|-----|------|-----|--------------------------|-----------------|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|-------|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------|--|-------|--|--|----------|--|--|------|--------------------------------|--|--|---|--|
| <p><i>Effective 01/01/2003, Patent fees are subject to annual revision.</i></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p><b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>3,706.00</b></p>  |                   | Application Number                                     | Not Yet Assigned                         |  |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
|   |                   | Filing Date  | June 16, 2003                            |  |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
|   |                   | First Named Inventor                                   | Chandra Mouli                            |  |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
|   |                   | Examiner Name  | Not Yet Assigned                         |  |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
|   |                   | Art Unit   | N/A                                      |  |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
|   |                   | Attorney Docket No.                                    | M4065.0571/P571                          |  |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| <p><b>METHOD OF PAYMENT</b> (check all that apply)</p> <p> <input type="checkbox"/> Check              <input checked="" type="checkbox"/> Credit Card              <input type="checkbox"/> Money Order              <input type="checkbox"/> Other              <input type="checkbox"/> None         </p> <p><input type="checkbox"/> Deposit Account:</p> <p>Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">04-1073</span></p> <p>Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Dickstein Shapiro Morin &amp; Oshinsky LLP</span></p> <p>The Director is authorized to: (check all that apply)</p> <p> <input type="checkbox"/> Charge fee(s) indicated below              <input checked="" type="checkbox"/> Credit any overpayments         </p> <p> <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application         </p> <p> <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.         </p>  |                   |  |  |  |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| <p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,300</td><td>2453</td><td>650</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,300</td><td>2501</td><td>650</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>470</td><td>2502</td><td>235</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>630</td><td>2503</td><td>315</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40.00</td></tr> <tr><td>1809</td><td>750</td><td>2809</td><td>375</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>750</td><td>2810</td><td>375</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>750</td><td>2801</td><td>375</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr> <td colspan="2">Other fee (specify)</td> <td>1614;</td> <td>Claims - extra independent (over three);</td> <td></td> <td>1,458.00</td> </tr> <tr> <td colspan="2"></td> <td>1615</td> <td>Claims - extra total (over 20)</td> <td></td> <td></td> </tr> </tbody> </table> |                   | Large Entity   |  | Small Entity   |                   | Fee Description                   | Fee Paid | Fee Code  | Fee (\$)       | Fee Code  | Fee (\$) | 1051 | 130  | 2051              | 65  | Surcharge - late filing fee or oath |        | 1052 | 50  | 2052 | 25  | Surcharge - late provisional filing fee or cover sheet |  | 1053 | 130 | 1053 | 130 | Non-English specification |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  | 1805                | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |               | 1251   | 110 | 2251         | 55 | Extension for reply within first month |  | 1252            | 410      | 2252     | 205      | Extension for reply within second month |          | 1253 | 930 | 2253 | 465 | Extension for reply within third month |  | 1254 | 1,450 | 2254 | 725 | Extension for reply within fourth month |  | 1255 | 1,970 | 2255 | 985 | Extension for reply within fifth month |  | 1401 | 320 | 2401 | 160 | Notice of Appeal                                   |  | 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal                     |  | 1403                | 280 | 2403 | 140 | Request for oral hearing |                 | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,300 | 2453 | 650 | Petition to revive - unintentional |  | 1501 | 1,300 | 2501 | 650 | Utility issue fee (or reissue) |  | 1502 | 470 | 2502 | 235 | Design issue fee |  | 1503 | 630 | 2503 | 315 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | 40.00 | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37CFR 1.129(b)) |  | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) |  | 1614; | Claims - extra independent (over three); |  | 1,458.00 |  |  | 1615 | Claims - extra total (over 20) |  |  | <p><b>FEE CALCULATION</b> (continued)</p> |  |
| Large Entity  |                   | Small Entity   |  | Fee Description  | Fee Paid          |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| Fee Code  | Fee (\$)          | Fee Code   | Fee (\$)                                 |  |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1051  | 130               | 2051   | 65                                       | Surcharge - late filing fee or oath  |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1052  | 50                | 2052   | 25                                       | Surcharge - late provisional filing fee or cover sheet                     |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1053  | 130               | 1053   | 130                                      | Non-English specification  |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1812  | 2,520             | 1812   | 2,520                                    | For filing a request for <i>ex parte</i> reexamination                     |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1804  | 920*              | 1804   | 920*                                     | Requesting publication of SIR prior to Examiner action                     |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1805  | 1,840*            | 1805   | 1,840*                                   | Requesting publication of SIR after Examiner action                        |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1251  | 110               | 2251   | 55                                       | Extension for reply within first month                                     |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1252  | 410               | 2252   | 205                                      | Extension for reply within second month                                    |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1253  | 930               | 2253   | 465                                      | Extension for reply within third month                                     |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1254  | 1,450             | 2254   | 725                                      | Extension for reply within fourth month                                    |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1255  | 1,970             | 2255   | 985                                      | Extension for reply within fifth month                                     |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1401  | 320               | 2401   | 160                                      | Notice of Appeal   |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1402  | 320               | 2402   | 160                                      | Filing a brief in support of an appeal                                     |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1403  | 280               | 2403   | 140                                      | Request for oral hearing   |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1451  | 1,510             | 1451   | 1,510                                    | Petition to institute a public use proceeding                              |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1452  | 110               | 2452   | 55                                       | Petition to revive - unavoidable   |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1453  | 1,300             | 2453   | 650                                      | Petition to revive - unintentional   |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1501  | 1,300             | 2501   | 650                                      | Utility issue fee (or reissue)   |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1502  | 470               | 2502   | 235                                      | Design issue fee   |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1503  | 630               | 2503   | 315                                      | Plant issue fee  |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1460  | 130               | 1460   | 130                                      | Petitions to the Commissioner  |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1807  | 50                | 1807   | 50                                       | Processing fee under 37 CFR 1.17(q)  |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1806  | 180               | 1806   | 180                                      | Submission of Information Disclosure Stmt                                  |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 8021  | 40                | 8021   | 40                                       | Recording each patent assignment per property (times number of properties) | 40.00             |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1809  | 750               | 2809   | 375                                      | Filing a submission after final rejection (37 CFR 1.129(a))                |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1810  | 750               | 2810   | 375                                      | For each additional invention to be examined (37CFR 1.129(b))              |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1801  | 750               | 2801   | 375                                      | Request for Continued Examination (RCE)                                    |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1802  | 900               | 1802   | 900                                      | Request for expedited examination of a design application                  |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| Other fee (specify)   |                   | 1614;  | Claims - extra independent (over three); |  | 1,458.00          |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
|   |                   | 1615   | Claims - extra total (over 20)           |  |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| <p><b>1. BASIC FILING FEE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing fee</td><td>750.00</td></tr> <tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="4"><b>SUBTOTAL (1)</b></td> <td>(<b>\$</b>)</td> <td><b>750.00</b></td> </tr> </tbody> </table>  |                   | Large Entity   |  | Small Entity   |                   | Fee Description                   | Fee Paid | Fee Code  | Fee (\$)       | Fee Code  | Fee (\$) | 1001 | 750  | 2001              | 375 | Utility filing fee                  | 750.00 | 1002 | 330 | 2002 | 165 | Design filing fee                                      |  | 1003 | 520 | 2003 | 260 | Plant filing fee          |  | 1004 | 750   | 2004 | 375   | Reissue filing fee                                     |  | 1005 | 160  | 2005 | 80   | Provisional filing fee                                 |  | <b>SUBTOTAL (1)</b> |        |      |        | ( <b>\$</b> )                                       | <b>750.00</b> | <p><b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4"><b>SUBTOTAL (2)</b></td> <td>(<b>\$</b>)</td> <td><b>1,458.00</b></td> </tr> </tbody> </table> |     | Large Entity |    | Small Entity                           |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code                                | Fee (\$) | 1202 | 18  | 2202 | 9   | Claims in excess of 20                 |  | 1201 | 84    | 2201 | 42  | Independent claims in excess of 3       |  | 1203 | 280   | 2203 | 140 | Multiple dependent claim, if not paid  |  | 1204 | 84  | 2204 | 42  | ** Reissue independent claims over original patent |  | 1205 | 18  | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2)</b> |     |      |     | ( <b>\$</b> )            | <b>1,458.00</b> |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| Large Entity  |                   | Small Entity   |  | Fee Description  | Fee Paid          |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| Fee Code  | Fee (\$)          | Fee Code   | Fee (\$)                                 |  |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1001  | 750               | 2001   | 375                                      | Utility filing fee   | 750.00            |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1002  | 330               | 2002   | 165                                      | Design filing fee  |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1003  | 520               | 2003   | 260                                      | Plant filing fee   |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1004  | 750               | 2004   | 375                                      | Reissue filing fee   |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1005  | 160               | 2005   | 80                                       | Provisional filing fee   |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| <b>SUBTOTAL (1)</b>   |                   |  |  | ( <b>\$</b> )  | <b>750.00</b>     |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| Large Entity  |                   | Small Entity   |  | Fee Description  | Fee Paid          |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| Fee Code  | Fee (\$)          | Fee Code   | Fee (\$)                                 |  |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1202  | 18                | 2202   | 9  | Claims in excess of 20   |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1201  | 84                | 2201   | 42                                       | Independent claims in excess of 3  |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1203  | 280               | 2203   | 140                                      | Multiple dependent claim, if not paid                                      |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1204  | 84                | 2204   | 42                                       | ** Reissue independent claims over original patent                         |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| 1205  | 18                | 2205   | 9  | ** Reissue claims in excess of 20 and over original patent                 |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| <b>SUBTOTAL (2)</b>   |                   |  |  | ( <b>\$</b> )  | <b>1,458.00</b>   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| <p><b>SUBTOTAL (3)</b> (<b>\$</b>) <b>1,498.00</b></p> <p><small>**or number previously paid, if greater; For Reissues, see above</small></p>   |                   | <p><b>SUBTOTAL (3)</b> (<b>\$</b>) <b>1,498.00</b></p> |  |  |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| <p><b>SUBMITTED BY</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Name (Print/Type)</td> <td>Thomas J. D'Amico</td> <td>Registration No. (Attorney/Agent)</td> <td>28,371</td> <td>Telephone</td> <td>(202) 828-2232</td> </tr> <tr> <td>Signature</td> <td colspan="2" rowspan="2" style="text-align: center; vertical-align: middle;"> </td> <td>Date</td> <td colspan="2">September 5, 2003</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>  |                   |  |  | Name (Print/Type)  | Thomas J. D'Amico | Registration No. (Attorney/Agent) | 28,371   | Telephone | (202) 828-2232 | Signature |          |      | Date | September 5, 2003 |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| Name (Print/Type)   | Thomas J. D'Amico | Registration No. (Attorney/Agent)                      | 28,371                                   | Telephone  | (202) 828-2232    |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
| Signature   |                   |  | Date                                     | September 5, 2003  |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |
|   |                   |  |  |  |                   |                                   |          |           |                |           |          |      |      |                   |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                     |        |      |        |   |               |  |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                     |     |      |     |                          |                 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |       |  |  |          |  |  |      |                                |  |  |   |  |